

This form must be completed by a Vocational Rehabilitation Counselor who has received a referral from the state fund.



2nd 52 WEEK PERIOD

TRAINING PLAN COST ENCUMBRANCE



Original



Modification

**** *Counselor is responsible for sending
a copy of this form to each vendor* ****

Claimant:				Date		Claim Number	
Billing Category and Code	Vendor Name	Vendor Name	Vendor Name	Vendor Name	Expended Funds per RVRE: (Attach copy)	Total L&I Funds	
	Provider No.	Provider No.	Provider No.	Provider No.			
Travel - R0330							
Tuition - R0310							
Books - R0340							
Equip - R0315							
Supplies - R0312							
Child Care - R0390							
Other - R0350							
Vendor Funds Allocated							
Dates of Service	From: To:	From: To:	From: To:	From: To:			
» » » » » » » » » » » » » »						Total L&I Training Funds Allocated 2nd 52 Weeks:	

NOTE:

When vendor funds are reduced, the VRC must contact vendor to to:

- 1) Make sure all billings are submitted and paid.
- 2) Notify the vendor that the amount authorized will be reduced.
- 3) Provide the vendor with a copy of the approved modified encumbrance form.

Company	Phone No.	FAX No
Assigned Vocational Counselor	Date	Signature

For Dept. Use Only

Vocational Services Consultant <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Date	Phone No.	Signature
Supervisor of Industrial Insurance <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date	Phone No.	Signature